B. WING		
		07/02/2015
	STATE, ZIP CODE	
_		
ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE
C 000		
) i	POLE ROAD H, NC 27610  ID PREFIX TAG  C 000	H, NC 27610    D

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		ECI 002090	B. WING		07/0	2/2045
NAME OF F	PROVIDER OR SUPPLIER	FCL092080		STATE, ZIP CODE	1 07/0	2/2015
	ROAD FAMILY CARE	HOME 5818 POC	LE ROAD	····· =, =		
		RALEIGH	, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 101	Continued From pa	ige 1	C 101			
	"Minimum and Des Regulations" for "Fa which are available Service Regulation	nents found in the 1971 ired Standards and amily Care Homes", copies of at the Division of Health - Construction Section, 701 eigh, North Carolina 27603 at				
	This Rule is not met as evidenced by:  1. Based on observation, the building fire protection equipment was not installed in accordance with the Licensure Rules and Building Code in effect when the facility was first licensed. This would affect all residents by not detecting smoke, activating the fire alarm, and directing residents from the building.					
	This is not in accornacy Revision) North Ca Building Code requires talled in each sle	ke detector installed in the outside the staff bedroom.  dance with 1997 (1999 rolina State Residential iring smoke detectors be beeping room, and in the outside of each sleeping room.				
C 137	Bathroom-Mechani	cal Ventilation	C 137			
	foot candles of light mechanical ventilat feet per minute for These vents shall be outdoors.	BO9 BATHROOM s shall be lighted to provide 30 t at floor level and have ion at the rate of two cubic each square foot of floor area. be vented directly to the				
	This Rule is not met as evidenced by:					

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		FCL092080	B. WING		07/0	2/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
POOLE F	ROAD FAMILY CARE	HOME 5818 POO RALEIGH,	LE ROAD , NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
C 137	Continued From pa	ge 2	C 137			
	Based on observas not maintained	vation, the bathroom window l operable.				
	opened for fresh air ventilation.	room window can not be r. Provide mechanical pathroom window has broken				
C 148	Outside Entrances/	Exits-Free of Obstructions	C 148			
	SECTION .0300 - THE BUILDING 10A NCAC 13G .0312 OUTSIDE ENTRANCE AND EXITS (e) All entrances/exits shall be free of all obstructions or impediments to allow for full instant use in case of fire or other emergency.					
		et as evidenced by: vation, the facility was not e manner by having a path of				
	that hangs down to off the porch in an e	or at the front entrance, in the				
C 149	Outside Entrances/	Exits-Handrails At Porches	C 149			
	AND EXITS (f) All steps, porch	THE BUILDING B12 OUTSIDE ENTRANCE les, stoops and ramps shall be rails and guardrails.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING \_ FCL092080 07/02/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5818 POOLE ROAD** POOLE ROAD FAMILY CARE HOME RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 149 Continued From page 3 C 149 This Rule is not met as evidenced by: 2. Based on observation, the facility was not maintained in a safe manner by having a handrail missing. Findings include: a) The front porch has steps down the left side which have only one handrail C 151 Laundry Room C 151 SECTION .0300 - THE BUILDING 10A NCAC 13G .0313 LAUNDRY ROOM The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas. This Rule is not met as evidenced by: 1. Based on observation, the dryer exhaust duct was not maintained operable. Findings include: The backdraft damper on the dryer exhaust is stopped up with lint, and coming loose from the side of the house. C 152 Floors C 152 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the floor in the main corridor was not maintained safe

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED			
		FCL09208	30	B. WING		07/0	2/2015
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE		
POOLE F	ROAD FAMILY CARE	HOME		LE ROAD , NC 27610			
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INI	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNDERDER TO THE APPROFICION OF THE APPROPRIES OF THE APPROPRIE	JLD BE	(X5) COMPLETE DATE
C 152	Continued From pa	ge 4		C 152			
	Findings include:						
	The grate for the flo causing it to shift who residents to a trip h	hen stepped on					
C 153	Houskeeping And F	urnishings-Clea	an, Repaired	C 153			
	SECTION .0300 - T 10A NCAC 13G .03 FURNISHINGS (a) Each family ca (1) have walls, cei coverings kept clea (2) have no chroni (3) have furniture (e) This Rule shall homes.	re home shall: lings, and floors in and in good re ic unpleasant or clean and in good	s or floor epair; dors; od repair;				
	This Rule is not me 1. Based on observere not maintained	vation, the resid	lent furnishings				
	Findings include: a) Bedroom 4 has drawer handle, b) Bedroom 3 has missing handles, c) Bedroom 2 has drawer handle,	a chest of draw	ers that is				
C 168	Fire Extinguishers			C 168			
	SECTION .0300 - T 10A NCAC 13G .03 DISASTER PLAN (a) Fire extinguish meet these minimu care home:	ers shall be pro	vided which				

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AND BLAN OF CORRECTION TO THE THE TOTAL NUMBERS		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		FCL092080	B. WING		07/0	2/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
POOLE I	ROAD FAMILY CARE I	HOME	OLE ROAD 1, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 168	(1) one five pound type centrally locate (2) one five pound type located in the k (3) any other locat enforcement official.  This Rule is not me 1. Based on observe protection equipments after manner. This not having fire protection is in an emergence of the inspection tags.	I or larger (net charge) "A-B-C'ed; I or larger "A-B-C" or CO/2 kitchen; and ion as determined by the code I.  et as evidenced by: vation, the building fire nt was not maintained in a would affect all residents by ection equipment operable for cy.  s on the fire extinguishers ed monthly checks are not				
C 174	SECTION .0300 - T 10A NCAC 13G .03 EQUIPMENT (a) The building ar mechanical, and plu care home shall be operating condition. (j) This Rule shall family care homes. This Rule is not me 1. Based on observ porches and steps of Findings include: a) The back deck if 4x4 posts to stabilize	and all fire safety, electrical, umbing equipment in a family maintained in a safe and apply to new and existing et as evidenced by: vation, the back exterior were not maintained safe.	C 174			

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AND DIAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED		
		FCL092080	B. WING		07/0	2/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
POOLE ROAD FAMILY CARE HOME 5818 POOL RALEIGH,			NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 6	C 174			
	bracing to stabilize	the structure				
	was not maintained bedroom windows to	vation, egress from all areas in a safe manner by having that are stuck shut. This sidents by not allowing free ency.				
	Findings include: The window is stuc	k shut in the Staff bedroom				
	were not maintaine	vation, the facility components d operable by having doors ompletely and latch. This ents privacy.				
	bedroom door won' bedroom closet doo Bedroom 1 has a c d) The front bathro	s have issues: a) Front right t close and latch, b) Front right or will not close and latch, c) loset door with no hardware, om door has no latch, e) The has the latch installed				
	4. Based on obserwere not maintaine	vation, the facility showers d safe.				
	Findings include: The back shower h	as no hand grip.				
		vation, the facility interior ts were not maintained.				
	following locations:	oom ceiling has damage from				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION  101	(X3) DATE COMP	SURVEY	
		FCL092080	B. WING		07/0	2/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
POOLE I	ROAD FAMILY CARE	H()MF	)LE ROAD , NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
C 174	Continued From pa	ge 7	C 174			
		ion, the facility electrical intained in a safe manner by le wiring methods.				
		wiring junctions in the attic ed inside of a mounted				

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